



CREDIT CARD AUTHORIZATION

ATTENTION: Accounting
EMAIL: TPANTACCOUNTING@HILTON.COM
(YOU WILL RECEIVE RECEIPT CONFIRMATION IF EMAILED)

FAX# 813-204-3080

Individual Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_

Confirmation Number \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

City/State/Zip/Country \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Email Address: \_\_\_\_\_

I hereby authorize the following charges to be applied to the following credit card - Check all that apply
If you are a tax exempt entity, please provide a copy of the state/company issued credit card along with the tax exempt form
If not received, taxes will run on the guest's folio

Three empty checkboxes for Room & Tax, Food & Beverage, and All Incidentals.

Room & Tax
Food & Beverage
All Incidentals

Three empty checkboxes for All Banquet Charges, Parking / Internet, and All Stay Related Charges.

All Banquet Charges
Parking / Internet
All Stay Related Charges

Three empty checkboxes for Specific Incidentals, Other, and Gift Certificate.

Specific Incidentals (please specify)
Other (please specify)
Gift Certificate

Comments: \_\_\_\_\_

Front & back copy of the credit card is needed in order for this form to be valid.
To ensure proper billing, this form should be received 3 days prior to the guest's arrival.
The Credit card listed below will be billed for the specific charges check marked above

Credit Card Number : \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

Date: \_\_\_\_\_

By Submitting this form and any supporting documents, I confirm that I have read and agreed to the use of personal information I am giving you in accordance with your Global Privacy Policy for guests, which is available at http://www1.hilton.com/en\_US/hi/customersupport/privacy-policy.do

All information is kept confidential and used only for the purposes as noted above.

